

Commercial fishing vessel proposal



Form MN004 11/09

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 308 1100, Fax 09 308 1114

Insured details

Name of the proposed insured:	
Occupation:	
Phone no:	
Address:	
Is the vessel encumbered in any way?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of mortgagee/lessor/any other person not the owner who has any interest in the vessel:	
Address:	
Form of borrowing/encumbrance, i.e. mortgage/lease, etc:	
What is the amount currently owing? \$	

Vessel details

Name of vessel:		Statutory registration no:		
Dimensions:	Length:	Beam:	Draft:	Depth:
Type of vessel:				
Material of hull and how built:				
Builder's name:				
Date built: / /	Professional or amateur built:		Place built:	
Main engine(s):		Make:	Serial no(s):	
Power HP:		or KW:	No of cylinders:	
Date built: / /	Maximum designed speed:		Fuel: <input type="checkbox"/> Petrol/diesel	<input type="checkbox"/> Other:

The sum insured

Total proposed sum insured:	\$
Comprising (a) Hull excl. (b), (c), (d), (e) & (f)	\$
(b) Machinery	\$
(c) Electronic equipment/navigational aids	\$
(d) Dinghy	\$
(e) Dinghy motor	\$
Make:	Year built: HP: or KW: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard
(f) Others	\$
Date vessel purchased by present owner: / /	Purchase price: \$
Additional cost of alterations/improvements:	\$
List type of work and values:	
Are you a member of a fishing co-operative? Yes <input type="checkbox"/> No <input type="checkbox"/>	
To whom do you sell your product?	
Vessel's approximate earnings over last twelve months:	\$
Vessel's approximate operating cost over last twelve months:	\$
Current quota:	

Liabilities

Our standard hull policy incorporating Institute Fishing Vessel Clauses provides for both Collision Liability and Protection and Indemnity Liability cover up to an amount not exceeding the sum insured of the vessel.

Do you wish to increase the amount of this liability cover? Yes No

If **Yes**, what is the total amount required? \$

Proposed insured's record and experience

Date of birth: / /

Is your vessel actually skippered by the proposed insured? Yes No

Details of any previous accident to vessels under your control, management or ownership with cost in each case (last five years):

Have you ever been convicted of any criminal offence not affected by the Criminal Records (Clean Slate) Act 2004 and/or had any maritime licence suspended? Yes No

Have you ever been declared bankrupt or insolvent? Yes No

Has any insurer ever:

(a) Declined to insure or renew cover? Yes No

(b) Cancelled any existing insurance? Yes No

(c) Imposed any restrictions or increased premium? Yes No

If **Yes**, provide full details:

Proposed insured's maritime qualifications/certificates:

Details of seagoing experience:

Others – related and experience

Master's experience. If other than proposed insured state:

Master's name:

Qualification(s): Date of birth: / /

Seagoing experience:

Details of any previous accident to vessels under master's control, management and/or ownership with cost in each case (last five years):

Has master ever been convicted of any criminal offence not affected by the Criminal Records (Clean Slate) Act 2004 and/or had any maritime licence suspended? Yes No

If **Yes**, provide details:

Has any insurer ever:

(a) Declined to insure or renew cover? Yes No

(b) Cancelled any existing insurance? Yes No

(c) Imposed any restrictions or increased premium? Yes No

If **Yes**, provide full details:

Others navigating:

Will others be permitted to navigate the vessel? Yes No

If **Yes**, state name(s), experience and qualifications:

Details of any previous accident to vessels under their control, management or ownership with cost in each case (last five years):

Will vessel operate without a qualified master in command? Yes No

Crewing

Is a qualified engineer employed aboard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , name and qualifications:		
Number of crew vessel in commission:		

Operations and navigating limits

Specify type of fishing in which vessel engaged:		
Home port and area from which vessel will operate:		
Navigational limits required:		
Navigational limits shown on certificate of survey:		
In which area is vessel in statutory survey?		
Expiry date of last statutory survey:	/ /	(attach copy of current survey)
Date of last independent survey:	/ /	(attach copy of survey report)
Where is the vessel normally moored when:		
(a) In commission:		
(b) Laid up:		
Frequency vessel:		
(a) Slipped for inspection:		
(b) Inspected at moorings:		
Date moorings last inspected:	/ /	

Current insurance arrangements

Is the vessel proposed for insurance presently Insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , provide: (a) Name of insurer:		
(b) Expiry date: / /		

Pursuant to the Privacy Act 1993

The following is brought to Your attention:

- This Proposal collects personal information about You;
- The information is collected to evaluate the insurance You seek;
- The intended recipient of the information is Lumley General Insurance (N.Z.) Limited;
- The information is being collected and held by Lumley General Insurance (N.Z.) Limited of P.O. Box 2426, Auckland;
- The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- The failure to provide this information may result in Your application for insurance being declined, or Your insurance being void from the beginning;
- You have rights of access to, and correction of this information subject to the provisions of the Privacy Act 1993.

Declaration

On behalf of all proposed Insureds I/We declare and agree that:

- all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

Insured(s) signature:	Title:
Insured(s) signature:	Title:
Date: / /	